



Hong Kong Rehab Nursing Society  
香港康復護理會

Membership Application Form

Please complete in BLOCK LETTER

Name in English:	Sex:	Organization:	Specialty:
中文姓名:	Post / Rank:	HKID (First 4 digits with the first English syllable):	

**Personal** Email Address :  
(please print in ink)

Contact Phone No. : (Mobile)

Please indicate your membership type to be applied by inserting tick (✓)

Category of Membership	Eligibility	Membership Fee	Please tick
Entrance Fee	For New Join Member	HK\$ 50	
Life Member	Eligible to be Full Member	HK\$ 1,000	
Full Member	Nurse registered in HK Nursing Council who shows interest in Rehabilitation / Extended / Convalescent Care	HK\$ 200 / 2 years	
Associate Member	Other Health Care professionals who show interest in Rehabilitation / Extended / Convalescent Care	HK\$ 160 / 2 years	

Total Payment:

1. Deposit the required amount by ATM / bank counter or through **FPS** to Hang Seng Bank Account No. **239-0-023485**
2. Send this form electronically by email with the deposit slip or screen capture of any payment record to email address : [info@hkrns.org.hk](mailto:info@hkrns.org.hk)

Signature

Date

For Official Use Only

Membership Approved: Yes / No

Payment Received: Yes / No

Payment for : New Membership ☐

Renew Membership ☐